MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

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FILING DATE

APPLICANT(S)

CLAIMS

IND. DEP. IND. DEP. IND. DEP.	IND. DEP. IND. DEP. S1 S2 S3 S4 S5 S6 S7 S8 S9 S9 S9 S9 S9 S9 S9		AS FILED		AFTER 1 AMENDMENT		AFTER ·	
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